

MEMORANDUM

TO: Applicant for Licensure as a Psychologist

FROM: BOARD OF PSYCHOLOGY

SUBJECT: Supplemental Application for Licensure as a Psychologist

If you are applying for licensure as a psychologist using the Board of Psychology's on-line application feature, the following supplemental application must be completed and returned to the Board. You must document 1,500 hours of qualifying supervised professional experience in order to take the Examination for Professional Practice in Psychology, and a total of 3,000 hours of qualifying supervised professional experience before you can sit for the California Jurisprudence and Professional Ethics Examination. Your primary supervisor is responsible to complete the verification of experience form and submit it to the Board. To obtain the verification of experience form, [click here](#).

The Board will not issue a license until a clearance is received from the Department of Justice (DOJ) and the Federal Bureau of Investigation documenting that you have no criminal history that would impact the practice of psychology. If you have already on file clearances with your psychological assistant registration or your registration as a psychologist, it is not necessary to be fingerprinted again for this Board.

The Board uses a fingerprinting system called "Live Scan." The Live Scan form can be completed and printed off our website at <http://www.psychboard.ca.gov/licensing/live-scan-app.pdf>. If you have already submitted fingerprints to the Board in support of a previous application, you do not need to resubmit your fingerprints. If you have not previously submitted fingerprints to the Board, you need to complete the form and take it (in triplicate) to a Live Scan site and directly pay for fingerprint scanning services. Live Scan sites are situated throughout the State at various locations within each county. For a complete listing of Live Scan sites, visit the DOJ website (www.caaq.state.ca.us/app/contact.pdf). The fee for Live Scan is \$56.00 plus a rolling fee established by each individual location. This rolling fee can be anywhere from \$5.00 to \$25.00 depending on the location. Business hours are noted for each location on the listing, however, you are encouraged to call the site first to determine if an appointment is necessary. After the scanning process is complete, the Live Scan operator will give you parts 2 and 3 of the form. It is your responsibility to send the Board part 2 of the form.

It is also important to note that Live Scan is not available for out-of-state applicants. Out-of-state applicants must use the hard copy fingerprint system.

If you have questions about the application process or need to request hard cards for fingerprinting, please contact the Licensing Unit at (916) 263-2699 ext. 3303.



SYSTEM ID:

(Submit this application only if you applied on-line)

**SECTION 2
EXAMINATION DATA**

	YES	NO
<p>Have you ever taken the ASPPB Examination for Professional Practice in Psychology (EPPP)? If yes, scores must be reported by the Licensed Psychologist Data Source, P.O. Box 4389, Montgomery, AL 36103-4389. PLEASE NOTE: If your score is documented and if the score you received met or exceeded the California pass point for that particular administration of the EPPP, you will not be required to take the EPPP. Please list the state(s) in which you were an applicant and the date(s) you took the examination below.</p> <p>_____</p> <p>_____</p>	YES	NO
<p>Are you seeking waiver of the EPPP? If yes, indicate the basis for this request below.</p> <p><input type="checkbox"/> Licensure in another state, Canadian Province or U.S. Territory for at least five years.</p> <p><input type="checkbox"/> Previously licensed in California.</p> <p><input type="checkbox"/> Certificate of Professional Qualification.</p> <p><input type="checkbox"/> Abandoned a previous application for California licensure pursuant to Section 1381.5 of the CA Code of Regulations.</p>	YES	NO
<p>Pursuant to Section 1798.61 of the Civil Code, names and addresses of applicants will be provided to anyone approved by the Bureau for Private Postsecondary and Vocational Education and certifying to the Board that the information will be used solely for the purposes of providing educational services or professional educational materials. Pursuant to the Rights to Privacy Act, you can choose to have your name and address withheld from this list. Do you wish to have your name and address withheld?</p>	YES	NO

**SECTION 3
SUPERVISED PROFESSIONAL EXPERIENCE**

List below the names of every primary supervisor who is being asked to verify a portion of the required 3,000 hours of supervised professional experience:

If the date you started your post-doctoral supervised professional experience is prior to the ceremonial awarding of your doctoral degree, indicate below how you will document that you met all requirements prior to the date the doctoral degree was actually awarded.

☐ The date is posted on my doctoral transcript.

☐ A separate document confirming the date will be sent by the registrar, director of training, or dean of the academic institution.

**SECTION 4
CRIMINAL/DISCIPLINARY HISTORY**

	YES	NO
Omitting minor traffic violations, have you ever been convicted of, or pled guilty or nolo contendere to any violation of any federal or state statute, city or county ordinance, or law of a foreign country? This includes all misdemeanor and felony convictions. (Any conviction that was subsequently dismissed must also be disclosed.)		
Have you ever been denied a license, registration, certificate or credential to practice psychology, or any other profession or occupation in any state or country? <i>If yes, explain on a separate sheet of paper.</i>		
Have you had a license, registration, certificate or credential to practice psychology or any other profession or occupation, subjected to discipline by any state or country? <i>If yes, explain on a separate sheet of paper.</i>		
Have you ever voluntarily surrendered a license, registration or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, explain on a separate sheet of paper.</i>		
Have you ever been subject to review and/or action by the ethics committee of any professional organization in any state or country? <i>If yes, explain on a separate sheet of paper.</i>		

**SECTION 5
FITNESS FOR PRACTICE**

	YES	NO
Are you currently affected by any physical or mental condition that in any way impairs or limits your ability to practice psychology with safety to the public? <i>If yes, explain on a separate sheet of paper.</i>		
Do you use any chemical substance(s) that in any way impairs your ability to practice psychology with safety to the public? <i>If yes, explain on a separate sheet of paper.</i>		
Are you currently engaged in the illegal use of controlled dangerous substances, or were you so engaged recently enough so that the use of drugs may have an ongoing impact on your ability to function as a psychologist, or within the past two years? <i>If yes, explain on a separate sheet of paper.</i>		

**SECTION 6
REQUIRED COURSEWORK AND TRAINING**

HUMAN SEXUALITY REQUIREMENT

	YES	NO
Have you satisfied the requirement for training in human sexuality as described in Section 1382 of the California Code of Regulations?		
If yes, complete the information below. If no, this must be satisfied and documented prior to licensure.		
Name of Institution/Provider:		
Date(s) of Coursework:		
Name of Course:		
Number of Course Hours:		
NOTE: The above must be documented by an official transcript or certificate which clearly indicates training meeting Board requirements.		

**DETECTION AND TREATMENT OF ALCOHOL
AND OTHER CHEMICAL SUBSTANCE DEPENDENCY REQUIREMENT**

	YES	NO
Have you satisfied the requirement for coursework in the detection and treatment of alcohol and other chemical substance dependency as described in Section 2914(e) of the Business and Professions Code and Section 1387.6 of the California Code of Regulations? (This requirement applies to applicants who started graduate training on or after September 1, 1985.)		
If yes, complete the information below. If no, this must be satisfied and documented prior to licensure.		
Name of Institution/Provider:		
Date(s) of Coursework:		
Name of Course:		
Number of Semester/Quarter Units:		
NOTE: The above must be documented by an official transcript or certificate which clearly indicates coursework meeting Board requirements.		

CHILD ABUSE ASSESSMENT AND REPORTING REQUIREMENT

	YES	NO
Have you satisfied the requirement for training in child abuse assessment and reporting as described in Section 1387.7 of the California Code of Regulations and Section 28 of the Business and Professions Code?		
If yes, complete the information below. If no, this must be satisfied and documented prior to licensure.		
Name of Institution/Provider:		
Date(s) of Coursework:		
Name of Course:		
Number of Course Hours:		
NOTE: The above must be documented by an official transcript or certificate which clearly indicates training meeting Board requirements.		

SPOUSAL OR PARTNER ABUSE ASSESSMENT, DETECTION, AND INTERVENTION TRAINING REQUIREMENT

	YES	NO
Have you satisfied the requirement for training in spousal or partner abuse assessment, detection, and intervention required by Section 2914(f) of the Business and Professions Code? (This requirement applies to applicants who began graduate training on or after January 1, 1995.)		
If yes, complete the information below. If no, this must be satisfied and documented prior to licensure.		
Name of Institution/Provider:		
Date(s) of Coursework:		
Name of Course:		
Number of Course Hours:		
NOTE: The above must be documented by an official transcript or certificate which clearly indicates training meeting Board requirements.		

**SECTION 7
STATEMENT OF APPLICANT**

I, the undersigned, am the person making the foregoing application. I have read the foregoing application in its entirety and know the contents thereof. I hereby certify under penalty of perjury under the laws of the State of California, that any statements made herein or attached hereto are true in every respect. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a license.

Signature of Applicant

Date